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CHAPTER III
 RECIPIENT ELIGIBILITY

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CHAPTER III RECIPIENT ELIGIBILITY

DETERMINING ELIGIBILITY

Eligibility determinations are made by local departments of social services. Inquiries from persons who wish to apply for medical assistance should be referred to the local department of social services in the locality in which the applicant resides. DMAS will not pay providers for services, supplies, or equipment until eligibility has been determined. (See "Assistance to Patients Possibly Eligible for Benefits.") Once found eligible, coverage can be retroactive for up to three months before the month in which the application for benefits was filed.

To be eligible for full Medicaid benefits, an individual must be a resident of Virginia and a U.S. citizen or an alien qualified for full benefits. Aliens who do not qualify for full Medicaid benefits due to their alien status may be eligible for Medicaid coverage of emergency services if they meet all other Medicaid eligibility requirements. Recipients are eligible either as "categorically needy," "medically needy," or "medically indigent."

Emergency Medicaid Services for Aliens

Local departments of social services determine eligibility for receipt of emergency Medicaid coverage based on regular eligibility criteria and documentation from the provider of services that emergency services were provided. Referrals to the local department of social services may come from the provider or from the alien. (See Chapter I for information on the covered services and the coverage criteria.) For purposes of this section, labor and delivery are considered emergency services.

Documentation of the emergency treatment will be verified by the local department of social services through the patient's medical record obtained from the provider. This documentation must include all required Medicaid forms and a copy of the recipient's complete medical record. (For inpatient hospital stays, this documentation will be the medical record for the entire hospitalization up to the 21-day limit for those over age 20.) The local department of social services will submit this documentation to Medicaid for approval of the coverage of treatment and for establishment of the time for which this coverage will be valid.

If the recipient is found eligible and the emergency coverage is approved by Medicaid, each provider rendering emergency care will be notified via the Emergency Medical Certification Form of the recipient's temporary eligibility number for coverage of the treatment of the conditions during the time stated on this form. This form will also be used to notify providers if an alien is not eligible for emergency care. (See "Exhibits" at the end of this chapter for a sample of this form.)

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Categorically Needy

Categorically needy individuals may be eligible if they fall into one of the following categories:

- Aged (eligible for Supplemental Security Income)
- Blind (eligible for Supplemental Security Income)
- Disabled (eligible for Supplemental Security Income)
- Temporary Assistance to Needy Families recipients (TANF)
- Auxiliary Grants recipients (AG)
- Hospice recipients (Effective July 1, 1993)
- Newborns up to age one year whose mothers are eligible for and receiving Medicaid or would be eligible if they were pregnant
- Low-Income Families with Children
- Aged, Blind and Disabled Individuals who have a protected status
- Children under age 21 in the care of public or private child caring agencies
- Children under age 21 in nursing facilities or ICF-MR
- Children under age 21 in subsidized adoptions
- Individuals eligible for TANF or SSI but not receiving it
- Individuals who would be eligible for SSI or TANF except for a reason prohibited under Title XIX
- Individuals in long-term care institutions with income under a special income cap
- Individuals receiving services under a home and community-based care waiver with income under a special income cap

Medically Indigent

Individuals considered as "medically indigent" include:

1. Pregnant women with income up to 133% of the Federal Poverty Guidelines. A medically indigent pregnant woman remains in that classification until the end of the 60-day postpartum period.
2. Children under age six whose parents' income is within 133% of the Federal Poverty Guidelines. Infants remain eligible for Medicaid up to

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their first birthday as long as the mother is Medicaid-eligible or would be eligible if pregnant. Infants and children in this classification who are receiving inpatient services on the date they reach the maximum age for coverage as medically indigent will continue to be eligible for inpatient services until the end of the stay for which the inpatient services are furnished.

3. Children who have attained six years of age but who have not attained nineteen years of age with income up to 133% of the Federal Poverty Guidelines. Children in this classification who are receiving inpatient services on the date they reach the maximum age for coverage as medically indigent will continue to be eligible for inpatient services until the end of the stay for which the inpatient services are furnished.
4. Aged, blind, and disabled individuals with income up to 80% of the federal poverty level. This group is eligible for full Medicaid benefits and QMB benefits.
4. Qualified Medicare Beneficiaries (QMBs) with income up to 100% of the Federal Poverty Guidelines. This group is eligible for Medicaid coverage of Medicare premiums, deductibles, and coinsurance only.
5. Qualified Medicare Beneficiaries—EXTENDED- (QMB-DUALLY ELIGIBLE)- with income up to the Medicaid income limits. This group is eligible for Medicaid coverage of premiums, deductibles, and coinsurance plus all other Medicaid-covered services.
6. Qualified Disabled and Working Individuals with income up to 200% of the Federal Poverty Guidelines. This group is eligible for Medicaid payment of the Medicare Part A premiums only.
7. Special Low-Income Medicare Beneficiaries (SLMB)—with income up to 120% of the Federal Poverty Guidelines. This group is eligible for Medicaid coverage of the Medicare Part B premium only.
8. Qualified Individuals-1 (QI-1)—with income equal to or greater than 120% but less than 135% of the Federal Poverty Guidelines. This group is eligible for Medicaid coverage of the Medicare Part B premium only. Medicaid coverage for this group is not an individual entitlement.
9. Breast and Cervical Cancer Prevention and Treatment Act-- women who were certified through the Breast and Cervical Cancer Early Detection Program. This group is eligible for the full range of Medicaid services.
10. Family Planning Waiver Services—with income up to 133% of the Federal Poverty Guidelines. This group is eligible for Medicaid family-planning related services only.

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Medically Needy

Medically needy recipients generally meet all the eligibility requirements for categorically needy coverage, except that their income exceeds the categorically needy limits. Medically needy recipients are eligible if they fall into the following categories and have income and resources within the medically needy limits:

- Aged
- Blind
- Disabled
- Individuals who received Medicaid in December 1973 as AB/APTD-related medically needy and who continue to meet the December 1973 eligibility requirements
- Pregnant women
- Low-Income children under age eighteen
- Newborn children up to age one if the mother is eligible for Medicaid or would be eligible if she were pregnant
- Children under age 21 in nursing care facilities or ICF-MR
- Children in subsidized adoptions
- Children under age 21 in the care of public or private child-caring agencies

Even if a Medicaid applicant's income is over the Medicaid limit, that applicant may become eligible for a limited period of Medicaid coverage if all other eligibility factors are met. This is called a "spend-down." The applicant's medical expenses must equal or exceed the difference between his or her income and the Medicaid income limit. If the allowable medical expenses of the applicant equal this spend-down amount before the end of a budget period (six-month period for non-institutionalized individuals or a one month period for institutionalized individuals), the applicant may receive a limited period of Medicaid coverage which will stop at the end of the budget period. Eligibility must be redetermined in order to establish eligibility in subsequent budget periods.

Medicaid Eligibility for Institutionalized Individuals

Medicaid policies regarding the eligibility of institutionalized individuals allow a different method of determining income and resource eligibility and computing post-eligibility income for situations where an institutionalized individual has a community spouse.

The institutionalized individual is defined as one who is an inpatient in a medical institution or nursing facility or one who receives home and community-based care waiver

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services such as personal care, adult day health care, or respite care. The institutionalized individual's spouse at home is referred to as the community spouse. The community spouse will be able to keep a specified amount of income and resources to enable the community spouse to continue to meet maintenance needs in the community (e.g., mortgage and utility costs). The institutionalized spouse will be allowed to transfer a certain amount of resources to the community spouse without penalty according to the determination made by the local social services department.

Prior to applying for Medicaid, the institutionalized individual or the community spouse can request a resource assessment. The local department of social services completes the resource assessment document which produces a compilation of a couple's combined countable resources at the time one spouse becomes institutionalized and a calculation of a spousal share.

The resource assessment is available only to married persons institutionalized or receiving home and community-based care for a continuous period that began on or after September 30, 1989. The resource assessment does not have to be part of a Medicaid application.

RECIPIENT ELIGIBILITY CARD

A plastic eligibility card is issued to recipients to present to participating providers. **The provider is obligated to determine that the person to whom care or service is being rendered is the same individual listed on the eligibility card.** The provider has the responsibility to request such identification as he or she deems necessary. Presentation of a plastic ID card is not proof of coverage nor guarantee of payment. A sample of an eligibility card is included under "Exhibits" at the end of this chapter.

Eligibility for Medicaid benefits must be confirmed each time service is rendered. Verification can occur through a verification vendor, the voice response system, or the web-based verification system.

Some individuals have coverage under a Virginia Medicaid contracted managed care organization and should not receive services outside their network without a referral.

The verification response will advise if the enrollee has restrictions such as a MEDALLION primary care provider, ~~MCE~~ contracted MCO enrollment, or a primary payer.

The provider must determine if the service is within the dates of eligibility. Benefits are available only for services performed during the indicated period of eligibility. These dates must be checked prior to rendering any service.

Note: Medicaid will not pay for care or services rendered before the beginning date or after the end date of eligibility.

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Bank Identifier

The top six numbers on the plastic card represent the BIN, or bank identifier, which is required for pharmacy benefit cards under the National Council of Prescription Drug Programs (NCPDP).

Name of Eligible Person

An eligibility card is issued to each person eligible for Medicaid services, except for Medicare premium payments. Check the name against another proof of identification if there is any question that the card does not belong to the patient.

Recipient's Eligibility Number

The recipient's complete eligibility number is embossed on the front of the eligibility card. Eligibility numbers are distinct and permanent. When an enrollee relocates or moves into another case, or has a break in eligibility, he keeps the same number and the same card. This number serves as a “key” in verifying current eligibility status.

To fulfill the requirements of claims processing, it is essential that all 12 digits be entered on Medicaid forms for billing purposes.

Date of Birth

The date of birth indicates the recipient's age and identifies eligibility for those services with age restrictions, such as dental care for recipients under 21 years of age. The date of birth should be checked prior to rendering any services. The provider should verify the age of the recipient. If the provider has a question as to the age of the recipient, means of identification other than the Medicaid card should be examined.

Sex

The recipient's gender is indicated on the card.

Card

The sequential number of the enrollee's card is given. If a card is lost or stolen and another is issued, the prior card will be de-activated and will not confirm eligibility using the magnetic “swipe” mechanism.

Cardholder's Signature (on back)

The signature line provides another element of verification to confirm identity.

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VERIFICATION OF RECIPIENT ELIGIBILITY

A new eligibility card will not be routinely sent to the recipient. Replacement cards must be requested and the reason for replacement given. **It is in the best interest of the provider to review the card each time services are rendered. Possession of a card does not mean the holder is currently eligible for benefits.** It is the obligation of the provider of care to determine the identity of the person named on the eligibility card and the current eligibility status.

Program/Benefit Package Information

Recipients' benefits vary depending upon the program in which they are enrolled. The eligibility verification will provide information on which program the recipient is participating in. Examples of these programs include MEDALLION, Medallion II, Medicaid fee-for-services and Medicare premium payment.

Qualified Medicare Beneficiaries (QMBs) are eligible only for payment of Medicare premiums, deductibles, and coinsurance. Review of eligibility status is essential to prevent billing Medicaid for non-covered services for this group. Qualified Medicare Beneficiaries—EXTENDED (QMBs-Dually Eligible) are entitled to the full range of services under Medicaid and Medicare.

Special Indicator Code (Copayment Code)

The Special Indicator Code indicates the status of copayments or eligibility for certain additional services. These codes are:

<u>Code</u>	<u>Message</u>
A	Under 21 - No copay exists.
B	Individuals Receiving Long-Term Care Services, Home or Community-Based Waiver Services, or Hospice Care - No copay is required for any service.
C	All Other Recipients - Copays apply for inpatient hospital admissions, outpatient hospital clinic visits, clinic visits, physician office visits, other physician visits, eye examinations, prescriptions, home health visits, and rehabilitation service visits. (Some verification methods may return a yes/no response. Yes = copays apply. No = copays do not apply)

The following copay exemptions apply:

- Enrollees in managed care organizations may not have to pay copays.
- Pregnancy-related services or family planning clinic visits, drugs, and supplies are exempt from copays for all recipients.

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- No copayments apply for any emergency services for any recipient, with one exception for recipients in Client Medical Management with a pharmacy restriction. Please refer to the Client Medical Management exhibit in Chapter 1 for more information on this exception.

Insurance Information

The “Insurance Information” in the verification response indicates any type of insurance coverage the recipient has in addition to Medicaid. This information includes specific insurance companies, dates of coverage, policy numbers, and a code that specifies the particular type of coverage of the policy. These items are:

Carrier Code	A three-digit code indicating the name of the insurance carrier, e.g., 001 for Medicare (See Insurance Company Code List for these code numbers in “EXHIBITS” at the end of this chapter.) If the carrier code is 003 (not listed), call the client's local eligibility worker for assistance in obtaining the name of the insurance carrier.
Begin Date	The first date on which this insurance policy was effective
Type Code	An alpha character describing the type of coverage provided by the policy, such as a "T" for dental coverage. (See the Type of Coverage Code List under “EXHIBITS” at the end of this chapter for a list of these codes.)
Policy Number/ Medicare Code	The specific policy or Medicare number for the insurance identified by the Carrier Code

Only insurance information for active policies during the period for which eligibility is requested is provided at verification. If the patient reports insurance information different from what is on the card, refer the patient to his or her local department of social services worker to correct the data so bills will be processed correctly.

Under the assignment of benefits regulations, DMAS can act on behalf of the recipient (subscriber) and recover third-party payment from the primary carrier.

Workers' Compensation and other liability insurances (e.g., automobile liability insurance or home accident insurance) **are always considered as primary carriers** for cases where coverage is applicable to the injury being treated. Because the recipient's eligibility card cannot indicate this coverage, it is necessary that cause-of-injury information be obtained from the patient.

Primary Care Providers (PCPs) for the Client Medical Management Program

Eligibility verification will list the names of designated primary care providers (physician

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and/or pharmacy). A primary care designation or restriction is imposed by the Recipient Monitoring Unit of DMAS as a result of high utilization of services by the recipient causing unnecessary or duplicate services. The designated providers must agree to the relationship prior to the designation appearing on the recipient's card. Unless it is an emergency, do not provide services without contacting the primary care provider first for authorization.

MEDALLION PCP

Eligibility verification will list the name of the client's PCP in the MEDALLION program. Other medical professionals must have a referral from the PCP before rendering services.

Managed Care Organization (MCO)

Some enrollees have coverage through a managed care organization. In general, all services provided under the Medicaid State Plan, with the exception of certain carved out services, are the responsibility of the MCO. Additionally, a managed care enrollee will revert back to traditional Medicaid coverage upon enrollment into certain exclusionary programs, such as home and community based care waivers, hospice, nursing facilities, or treatment foster care/ residential treatment facility for children under age 21. The MCOs pay for preauthorized, family planning or emergency services when provided outside the MCO network. Preauthorized, family planning or emergency care provided to a Medallion II client by a provider or facility not participating in the MCO's network are reimbursed according to either a prenegotiated amount or the current Medicaid fee schedule. This reimbursement shall be considered payment in full to the provider or facility of emergency care.

MCOs issue their own cards to enrollees. However, using the plastic eligibility card will provide verification of managed care enrollment information.

RECIPIENT WITHOUT AN ELIGIBILITY CARD

A recipient who seeks services without a current eligibility card should be considered responsible for all charges incurred unless eligibility is verified. The provider can verify eligibility without the card using two other identification keys, including name, Social Security Number, and date of birth. These can be used to access the MediCall automated System, the verification vendors, and the web verification system (ARS). See Chapter 1 for further information about verification methods.

ASSISTANCE TO PATIENTS POSSIBLY ELIGIBLE FOR BENEFITS

If a patient is unable to pay for services rendered, the provider may refer the patient or the patient's representative to the local department of social services for an application for Medicaid. The local department of social services will notify the patient of eligibility or ineligibility. Medicaid assumes no financial responsibility for services rendered prior to the effective date of the recipient's eligibility. The effective date of Medicaid eligibility may be retroactive up to three months prior to the month in which the application was filed

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if the patient was eligible during the retroactive period. Medicaid does not reimburse recipients for out-of-pocket expenses. Once a patient is found eligible, providers may bill Medicaid for covered services, and upon receipt of payment from Medicaid, must reimburse the patient for the out-of-pocket expenses.

MEDICAID APPLICATIONS AND REDETERMINATIONS--AUTHORIZED REPRESENTATIVE POLICY

Medicaid eligibility requirements are strict and require an applicant or someone conducting business on his or her behalf to attest to citizenship or alien status, declare all income and assets, and make assignment of insurance and medical support benefits. In order to accurately determine eligibility, local departments of social services must ensure that an individual who files an application or someone conducting business on behalf of the applicant has full knowledge of the applicant's situation and can provide correct information.

Applications

A Medicaid applicant must sign the application form unless the application is filed and signed by the applicant's legal guardian or committee, attorney-in-fact, or authorized representative. If the applicant is unable to sign his or her name but can make a mark, the mark must be designated "his/her mark" and witnessed by one person. A child under age 18 cannot legally sign a Medicaid application for himself or herself unless he or she is legally emancipated from his or her parents. If a child is not legally emancipated, his or her parent or legal guardian, **an authorized representative designated by the parent or legal guardian, or a caretaker relative with whom the child lives** must sign the application. *Exception: A minor child under 18 years of age may apply for Medicaid on behalf of his or her own child.*

A legally competent individual age 18 or older may authorize anyone to file a Medicaid application on his or her behalf provided that the authorization is in writing, identifies the individual or organization authorized to conduct business on his or her behalf, and is signed by the individual giving the authorization. When an individual has been determined by a court to be legally incompetent or legally incapacitated, the individual's legally appointed committee or guardian is the individual's authorized representative and can apply for Medicaid on the individual's behalf.

If an individual does not have a legal guardian or authorized representative and is mentally unable to sign an application or designate a representative, the individual's spouse will be considered the authorized representative for Medicaid purposes. In situations where the individual is not married, is estranged from his or her spouse, or the spouse is unable to represent him or her, a relative of the individual who is willing to take responsibility for the individual's Medicaid business may be considered his or her authorized representative. Relatives who may be considered authorized representatives in this situation are, in this order, the individual's:

- Adult child;
- Parent;

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- Adult sibling;
- Adult niece or nephew; or
- Adult aunt or uncle.

If it is determined that an individual cannot sign an application and does not have an attorney-in-fact or authorized representative, a Medicaid application may be filed by someone other than an authorized person provided the individual's inability to sign the Medicaid application is verified by a written statement from the individual's doctor. The statement must indicate that the individual is unable to sign and file a Medicaid application because of his or her diagnosis or condition. The local department of social services will pend the application until it can be appropriately signed if it is determined that court action has been initiated to have a guardian or committee appointed for the individual or until an Adult Protective Services investigation concludes that guardianship proceedings will not be initiated. Under no circumstances can an employee of, or an entity hired by, a medical service provider who stands to obtain Medicaid payment file a Medicaid application on behalf of an individual who cannot designate an authorized representative.

An application may be filed on behalf of a deceased person by his or her guardian or committee, attorney-in-fact, executor or administrator of his or her estate, surviving spouse, or a surviving family member, in the following order of preference: adult child, parent, adult sibling, adult niece or nephew, or adult aunt or uncle. The application must be filed within a three-month period subsequent to the month of the individual's death. Medicaid coverage can be effective no earlier than three months prior to the application month. Under no circumstances can an employee of, or an entity hired by, a medical service provider who stands to obtain Medicaid payment file a Medicaid application on behalf of a deceased individual.

Redeterminations

A Medicaid recipient must sign the redetermination application form unless the application is filed and signed by the applicant's legal guardian or committee, attorney-in-fact, or authorized representative. If the applicant is unable to sign his or her name but can make a mark, the mark must be designated "his/her mark" and witnessed by one person. If a child under age 18 is not legally emancipated, his or her parent or legal guardian, an authorized representative designated by the parent or legal guardian, or the caretaker relative with whom the child lives must sign the redetermination form.

When it is reported that an adult recipient cannot sign the application and the recipient does not have a guardian, committee, attorney-in-fact, or authorized representative, an individual identified below who is willing and able to take responsibility for the recipient's Medicaid business will be considered the recipient's authorized representative. The individuals are, in this order of preference, the recipient's:

- Spouse;
- Adult child;
- Parent;
- Adult sibling;
- Adult niece or nephew;

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- Adult aunt or uncle; or
- Representative payee to include an employee of, or an entity hired by, a medical service provider who stands to obtain Medicaid payment (only for those recipients who were in a medical facility and eligible for Medicaid on October 1, 1996).

The recipient's inability to sign the redetermination application must be verified by a written statement from the individual's doctor. The statement must indicate that the individual is unable to sign the Medicaid redetermination application because of his or her diagnosis or condition.

If the individual cannot sign the redetermination application and does not have an attorney-in-fact or authorized representative, the local department of social services will determine if court action has been initiated to have a guardian appointed for the recipient or will refer the case to Adult Protective Services for investigation. If the recipient is otherwise eligible, Medicaid coverage will continue until a guardian or committee is appointed and can sign the redetermination application or until an Adult Protective Service investigation concludes that guardianship proceedings will not be initiated and the redetermination can be signed by the recipient or his or her authorized representative.

NON-MEDICAID PATIENT RELATIONSHIP

Medicaid-eligible recipients who elect to be treated as private patients or who decline to verify their Medicaid eligibility with providers, will be treated as private pay patients by the provider and by DMAS. Providers are required to furnish supporting documentation whenever patients fall into either of these categories.

NEWBORN INFANT ELIGIBILITY

All newborn days, including claims for "well babies," must be submitted separately. "Well baby" days cannot be processed as part of the mother's per diem, and no information related to the newborn must appear on the mother's claim.

A newborn infant is automatically eligible for Medicaid if the mother is eligible on the day she gives birth. The infant must be enrolled, however, and receive his or her own Medicaid eligibility number.

The Newborn Eligibility Report (DMAS-213) should be completed by the hospital and sent to the local department of social services to obtain a number for billing purposes. The mother will not have to contact the local department of social services to obtain the Medicaid identification number for the newborn IF the DMAS-213 is utilized; however, she may still choose to do this herself.

The provider can verify newborn eligibility from the card using two other identification keys, including name, social security number, and the date of birth. These can be used to access the AVRS (MediCall), the verification vendors, and the web-based system, ARS. See chapter I for more information on eligibility verification.

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MEDICAID ELIGIBILITY FOR HOSPICE SERVICES

To be eligible to elect hospice as a Medicaid benefit, an individual must be entitled to Medicaid benefits and be certified as terminally ill. "Terminally ill" is defined as having a medical prognosis that life expectancy is six months or less. If the individual is eligible for Medicare as well as Medicaid, the hospice benefit must be elected or revoked concurrently under both programs.

GUIDELINES ON INMATE STATUS

Section 1905(a)(24)(A) of the *Social Security Act* excludes from Medicaid coverage payments for care and services rendered to any individual who is an "inmate of a public institution" unless that individual is a patient in a medical institution.

This provision permits Medicaid payment for individuals who reside in publicly operated medical institutions but prohibits Medicaid payment for services rendered to individuals who are "inmates" of public institutions. There are instances in which an individual residing in a medical institution is barred from Medicaid eligibility because he or she is also an "inmate" of a public institution. These guidelines are designed to assist staff in evaluating individuals to determine if their care in medical institutions qualifies for Medicaid payment.

Qualification for Medicaid payment is determined by ascertaining:

1. Whether the institution in which the individual resides is a public institution;
2. Whether it is an exempted institution (medical, educational, or vocational); and
3. Whether the individual residing therein is an "inmate of a public institution".

A public institution is defined as "an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control" (42 CFR 435.1009).

Exempted public institutions are "medical institutions," "intermediate care facilities," and "publicly operated community residences that serve no more than 16 residents" (42 CFR 435.1009). Intermediate care facilities as a result of OBRA '87 are now called nursing facilities. Intermediate care facilities for the mentally retarded are also considered to be medical institutions for purposes of this section.

An inmate of a public institution is defined as "a person who is living in a public institution unless that person

1. is in a public educational or vocational training institution for purposes of securing education or vocational training, or

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2. is in a public institution for a temporary period pending other arrangements appropriate to his or her needs" (42 CFR 435.1009).

In determining qualification for Medicaid payment, it is necessary to determine the nature of the physical placement of an individual (i.e., where he or she actually lives) and the purpose of the placement (i.e., is the reason for placement either educational or vocational?). If the institution is a public institution, the individual may still be eligible if the purpose of the placement is educational or vocational. This is particularly important in evaluating placements in psychiatric facilities or programs where the placing agency is the local school division.

Commitment to public institutions under the penal system has an effect on eligibility for Medicaid payment. The state mental hospital system accepts transfers and commitments from the courts or penal facilities operated by the Department of Corrections or the Department of Juvenile Justice. In cases in which the individual is imprisoned because he or she has been accused or convicted of a crime, neither of the two exceptions to "inmate" status listed above applies.

The *State Medicaid Manual* states "[w]hen a person is incarcerated in the penal system because he has been accused or found guilty of a criminal offense, his status as an inmate is not terminated until he is released from the institution on parole or otherwise." Individuals are inmates during the period before trial or other disposition of the charges or after conviction. Under federal guidelines, the State assumes full responsibility for a prisoner's care, wherever provided. Inmate status continues until the indictment is dismissed or he or she is released from custody either as "not guilty" or for some other reason such as bail, parole, or pardon.

It does not matter whether the offense is a misdemeanor, a felony, or a delinquent act. If he or she is serving a sentence in a prison, jail, or other correctional facility and is transferred to a mental or other medical facility, he or she is still an inmate. Thus, individuals placed in psychiatric facilities from prison or juvenile correctional facilities retain their inmate status, and their care does not qualify for Medicaid payment.

An individual is considered an "inmate" of a penal institution even during a pretrial period when the basis for his placement is only accusation, and not conviction, of a crime. Thus, even though the reason for transfer to the mental hospital is temporary, he is still considered an inmate for purposes of Medicaid. In the *State Medicaid Manual* the Secretary of Health and Human Services has interpreted such an individual to be an inmate because "it is as yet unclear whether an individual's placement is of a long-term or purely temporary nature."

The *State Medicaid Manual* further states that "[a] person is considered an inmate of a penal institution if he is incarcerated under process of the penal system..." The word "incarcerated" is important. A facility in which a person is confined "under process of the penal system" is to be considered a "penal institution." Thus, local juvenile detention centers which are secure facilities are "penal institutions." However, local group homes operated by local court service units are not penal institutions because they are not secure. In evaluating individuals who are placed into psychiatric hospitals from programs operated

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by local court service units, it is necessary to ascertain the nature of the facility in which the individual resided prior to admission to the psychiatric hospital. "If a person detained by legal process is sent directly to a medical institution... there is no other public institution of which he may be considered, even constructively, to be an inmate. Irrespective of such a person's status under the penal system, he cannot be considered an inmate of a public institution."

Examples:

1. An adolescent is serving a sentence at a penal institution and attempts suicide. He is transferred to the adolescent unit at Central State Hospital for evaluation or treatment. He is not eligible for Medicaid even though he resides in a medical institution because he is still incarcerated under the penal system. When his treatment is complete, he will return to the penal system to continue his sentence.
2. An adolescent charged with murder is sent from the local jail to Central State Hospital to determine whether she is competent to stand trial. She is considered an inmate since she remains under indictment and has resided in a penal institution. Even if she is found incompetent to stand trial, she can be tried at some later date when she has gained competency. She remains an inmate until the charges against her are dismissed or she is tried and found not guilty.
3. A juvenile is committed to the custody of the Department of Juvenile Justice after a court hearing because he is determined to be a child in need of services. The local court services unit or the Department of Juvenile Justice determines that he is in need of inpatient psychiatric services and he is placed directly in a Medicaid-enrolled psychiatric hospital. He is not considered an inmate of a public institution because he resides in a medical institution. He has never resided in a public penal institution, and he is not under sentence. When his treatment is completed, he will return to the community. The fact that the Department of Juvenile Justice holds custody does not make him an "inmate."

Medicare Catastrophic Coverage Act of 1988

The Medicare Catastrophic Coverage Act of 1988 and other legislation require State Medicaid Programs to expand the coverage of services to certain low income Medicare beneficiaries known as Qualified Medicare Beneficiaries (QMBs).

QMB Coverage Only

Recipients in this group are eligible for Medicaid coverage of Medicare premiums and of deductible and coinsurance up to the Medicaid payment limit, less the recipient's copayment on allowed charges for all Medicare-covered services. Their Medicaid verification will provide the message "QUALIFIED MEDICARE BENEFICIARY--QMB." The Medicare coinsurance is limited to the Medicaid fee when combined with the Medicare payment.

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QMB Extended Coverage

Recipients in this group will be eligible for Medicaid coverage of Medicare premiums and of deductible and coinsurance up to the Medicaid payment limit on allowed charges for **all** Medicare-covered services **plus** coverage of **all** other Medicaid-covered services listed in Chapter I of this manual. This group's Medicaid verification provides the message, "QUALIFIED MEDICARE BENEFICIARY--QMB EXTENDED." These recipients are responsible for copays for pharmacy services, health department clinic visits, and vision services.

Family Planning Coverage

Women enrolled in the family planning waiver following a Medicaid-covered pregnancy can receive Medicaid covered family-planning related services. This group's Medicaid verification provides the message, "FAMILY PLANNING SERVICES ONLY." See Chapter IV of the Physician's Manual for more information on the Family Planning Waiver.

All Others

Recipients without ANY of these messages at time of verification will be eligible for those covered services listed in Chapter I of this manual.

FAMILY ACCESS TO MEDICAL INSURANCE SECURITY

The Family Access to Medical Insurance Security Plan (FAMIS), administered by the Department of Medical Assistance Services, provides assistance with comprehensive health benefits coverage for children through the age of 18 who do not have any health insurance coverage. The plan is designed to cover children of working Virginia families who make too much to qualify for Medicaid but cannot afford or do not have access to other health insurance. Eligibility determinations and enrollment of eligible children are handled by a contractor at a central processing unit and by eligibility workers in local departments of social services. Eligible enrollees receive plastic ID cards like those eligible for Medicaid until they are enrolled into a managed care organization if one is available in their locality.

FAMIS enrollees cannot be Medicaid eligible. FAMIS coverage begins no earlier than the month in which an application is filed. The application form for FAMIS and FAMIS Plus (the "medically indigent" category of Medicaid) is the same and can be filed at either the central processing unit or a local department of social services. Effective August 1, 2003 children's Medicaid will be called FAMIS Plus.

Once a child is found eligible, that child is enrolled in FAMIS and receives a plastic medical assistance card that shows the child's name and identification number. During this initial period, medical coverage can be received from any Medicaid provider. Ongoing medical coverage, depending upon the area of the state where the child resides, will be provided by a managed care entity, either a Managed Care Organization (MCO) or a Primary Care Physician (PCP). Once a provider is assigned, medical services will be provided by the MCO network provider or PCP.

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THE FAMIS PROGRAM ADMINISTERS TWO BENEFIT PACKAGES THROUGH TWO DELIVERY SYSTEMS. ONE IS A MODIFIED MEDICAID LOOK-ALIKE COMPONENT OFFERED THROUGH A FEE-FOR-SERVICE PROGRAM AND A PRIMARY CARE CASE MANAGEMENT PROGRAM (PCCM). THE OTHER PACKAGE IS MODELED AFTER THE STATE EMPLOYEE'S HEALTH PLAN AND IS DELIVERED BY CONTRACTED MANAGED CARE ORGANIZATIONS (MCOS). CHILDREN FOUND ELIGIBLE UNDER FAMIS ARE ELIGIBLE TO RECEIVE BENEFITS DESCRIBED IN THE STATE'S PLAN FOR THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM (S-CHIP). THESE BENEFITS ARE SIMILAR TO THOSE COVERED UNDER THE *STATE PLAN FOR MEDICAL ASSISTANCE* EXCEPT FOR INPATIENT MENTAL HOSPITAL SERVICES, SUBSTANCE ABUSE SERVICES, ABORTION, TRANSPORTATION, AND SOME COST-SHARING LIMITATIONS.

The coverage offered through the PCCM Program or offered on a fee for service basis does not rely on contracts with MCOs. These two health care delivery systems are offered in areas that do not have contracted MCOs to provide coverage modeled after the state employee plan. In areas without contracted MCOs, those enrollees who transitioned from the CMSIP, the state's previous children's health program, to FAMIS and who were assigned to a primary care provider under the Primary Care Case Management (PCCM) Program continue to receive services through this program. In these areas, all newly eligible and enrolled FAMIS enrollees are assigned to the fee-for-service program.

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EXHIBITS

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

EMERGENCY MEDICAL CERTIFICATION

TO: DIVISION OF PROGRAM OPERATIONS
DEPT. OF MEDICAL ASSISTANCE SERVICES
600 EAST BROAD STREET, SUITE 1300
RICHMOND, VA 23219

APPLICANT'S NAME

CASE NUMBER

I. REFERRAL SECTION

THE ABOVE-NAMED INDIVIDUAL HAS APPLIED FOR MEDICAID. A DETERMINATION OF EMERGENCY NEED AND DURATION IS NEEDED NO LATER THAN _____.

(DATE)

INDIVIDUAL'S STATUS

☐

A

☐

B

☐

C

ATTACHED IS INFORMATION ON THE EMERGENCY MEDICAL TREATMENT.

SIGNED: _____ WORKER#: _____ DATE: _____

AGENCY NAME: _____

AGENCY ADDRESS: _____

II. CERTIFICATION SECTION

I HAVE REVIEWED THE MEDICAL EVIDENCE AND DETERMINED THAT THE MEDICAL CONDITION

☐

IS AN EMERGENCY

☐

IS NOT AN EMERGENCY

THE REASON FOR DETERMINATION, OR SPECIFICS OF COVERED SERVICES AND DURATION OF COVERAGE ARE DETAILED BELOW.

SIGNED: _____ TITLE: _____ DATE: _____

III. NOTIFICATION SECTION

TO: MEDICAID SERVICE PROVIDERS

☐

THE ABOVE-NAMED INDIVIDUAL HAS BEEN DETERMINED INELIGIBLE FOR MEDICAID BENEFITS.

REASON FOR DENIAL: _____

☐

THE ABOVE-NAMED INDIVIDUAL IS ELIGIBLE FOR MEDICAID TO COVER EMERGENCY SERVICES. ONLY SERVICES DIRECTLY RELATED TO THE EMERGENCY ARE COVERED FOR THE TIME PERIOD SPECIFIED BELOW. THIS FORM SERVES AS YOUR NOTIFICATION OF ELIGIBILITY IN LIEU OF A MEDICAID CARD. IF YOU HAVE ANY QUESTIONS, CALL THE PROVIDER HELPLINE AT 1-800-552-8627.


PERIOD OF COVERAGE: _____

MEDICAID NUMBER: _____

OTHER INSURANCE: _____

SIGNED: _____ TITLE: _____ DATE: _____

SAMPLE MEDICAID CARD

 **COMMONWEALTH OF VIRGINIA**
Department of Medical Assistance Services

1 — 002286

2 — 001007521011

3 — DOROTHY L DOWNING

4 — DOB: 03/03/1921 F — 5 — 6 — CARD# 00002

7 — [Redacted Signature Line]

8 — **CARDHOLDERS SIGNATURE** 88SS00

This card is for identification purposes and does not entitle the cardholder to any benefits under any program administered by the Commonwealth of Virginia.
PROVIDER: Confirm current status and other potential payers, electronically or by calling Medicaid at 1-800-772-9996. **FRAUDULENT USE OF THIS CARD MAY RESULT IN CRIMINAL PROSECUTION AND LOSS OF BENEFITS.**

DMAS
P.O. BOX 537
RICHMOND, VIRGINIA 23204-0537

S0000 1110700

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICAL IDENTIFICATION CARD

This card is issued to someone who becomes eligible for medical assistance. From that time forward, it can be used as a key to a database that will give providers immediate access to the enrollee's current status.

1. This is a "BIN", or bank ID number. It is required to be on the front of the card in order to meet NCPDP standards.
2. This is the 12-digit enrollee ID number. It is the permanent number used to identify the enrollee for billing purposes.
3. This is the enrollee's name on DMAS's records, first name, middle initial, last name, and suffix.
4. This provides the enrollee's date of birth as carried in DMAS's records.
5. This is the person's sex.
6. The card number is a sequential number identifying the issuing number. If a card is lost or stolen and is replaced, the new card will have the next sequential number and the previous card will be deactivated. Inquiries using the magnetic stripe on the back of the card will no longer work for deactivated cards.
7. A place is given for the cardholder to sign. This offers an additional opportunity to confirm the identity of the cardholder.
8. Description of the card usage is here. The Medicaid toll-free number is a new number in addition to the current voice response line already in place.

The card will be used to initiate an ANSI X12 standards 270/271 process for inquiry and response for verification of medical enrollment status. Among the items returned are copay information, enrollment into specific benefits, such as FAMIS, managed care, or QMB, and information regarding other insurance that should be billed prior to billing DMAS.



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

NEWBORN ELIGIBILITY REPORT

HOSPITAL OR DSS USE ONLY

ANSWER EACH QUESTION (Please Print)

Mother's Name _____
Last First M.I.

Mother's SSN _____ Date of Birth _____
M M D D Y Y

Mother's Address _____

Is mother enrolled in an HMO? _____ Yes _____ No

If yes, enter name of mother's HMO _____

Mother's Medical Assistance Number _____

Full Name of Newborn(s)			Birth Date MM/DD/YY	Sex	DSS Use Only									
Last	First	M.I.			MA Number Assigned									

- **Note:** Medicaid eligibility for newborns begins on the date of birth, if the child is born to a Medicaid eligible mother.

Signature of Mother _____ Date _____

Name of Hospital	Hospital Medicaid ID Number	Signature of Person Completing Form
Date		Telephone Number

MAIL FORM IMMEDIATELY TO:
Local Department of Social Services

DSS Use Only

Date Received _____
Date Processed _____

INSURANCE COMPANY CODES

CARRIER CODE	CARRIER NAME
00001	MEDICARE
00002	ABSENT PARENT
00003	NOT LISTED
00004	AMERICAN COMM MUT LIFE INS CO
00005	ACADEMY LIFE INS CO
00006	AETNA US HEALTHCARE
00007	ALLSTATE INSURANCE CO
00008	AMERICAN DEFENDER LIFE INS CO
00009	AMERICAN FIDELITY ASSUR CO
00010	AMERICAN HERITAGE LIFE INS CO
00011	AMERICAN MUT LIABILITY INS CO
00012	AMERICAN RESERVE LIFE INS CO
00013	APPALACHIAN LIFE INS CO
00014	WILSET ASSOCIATES INS
00015	WALMART ASSOC HLTH PLAN
00016	AMERICAN INCOME LIFE INS CO
00017	AMERICAN SENIOR CITIZENS
00018	AMERICAN CANCER
00019	AMERICAN INTEGRITY INS CO
00020	BANKERS FIDELITY LIFE INS CO
00021	BANKERS LIFE AND CASUA INS CO
00022	BANKERS LIFE INS CO OF NE
00023	BENEFICIAL NATIONAL
00024	BLUE RIDGE INSURANCE CO
00025	BUILDERS LIFE
00026	AMERICAN FAMILY LIFE ASSUR CO
00027	ATLANTIC LIFE INSURANCE CO
00028	AMERICAN MOTORISTS INS CO
00029	BENEFICAL MULTIPLE INS
00030	TRIGON BC/BS OF VA
00031	BLUE CROSS BLUE SHIELD SW VA
00032	BC/BS OF THE NAT'L CAP'TL AREA
00033	BLUE CROSS BLUE SHIELD MD
00034	ANTHEM BC/BS OF CHATTANOOGA TN
00035	BLUE CROSS BLUE SHIELD OF KY
00036	OTHER BC BS
00037	COMMONWEALTH LIFE INS CO OF KY
00038	CONSTITUTION LIFE INS CO
00039	COLUMBIA MUTUAL
00040	CHAMPUS
00041	CHAMPVA
00042	CHARTER SECURITY
00043	CHESAPEAKE LIFE INS CO
00044	THE CITADEL LIFE INS CO
00045	CITIZENS HOME
00046	COASTAL STATES LIFE INS CO
00047	COLONIAL LIFE ACCIDENT INS CO
00048	COLONIAL PENN INSURANCE CO
00049	COMBINED INS CO OF AMERICA
00050	CIGNA
00051	CONTINENTAL CASUALTY COMPANY
00052	CENTRL ST HLTH LIF INS OMAHA
00053	DEER

00054	FOUNDERS LIFE ASSURANCE CO
00055	KLAIS & COMPANY
00056	BENEFIT ADMIN OF AMERICA INC
00057	DURHAM LIFE INSURANCE CO
00058	GROUP HEALTH ASSOCIATION INC
00059	GUARANTEE TRUST LIFE INS CO
00060	EASTERN INSURANCE COMPANY
00061	EMMCO INSURANCE COMPANY
00062	EMPLOYERS LIFE INS CO WAUSAU
00063	EQUITABLE LIFE ASSURANCE
00064	EQUITY NATIONAL LIFE INS CO
00065	DARDEN RESTAURANTS
00066	GROUP HEALTH ASSOCIATION INC
00067	GUARDIAN LIFE INS CO OF AMER
00068	HEALTH BENEFIT ADMINISTRATORS
00069	AETNA INS CO FORT WAYNE
00070	FEDERAL HOME LIFE INS CO
00071	NAT'L CLAIM ADMIN SERV (NCAS)
00072	FEDERATED LIFE INS CO
00073	FIDELITY BANKERS LIFE INS CO
00074	FIREMANS FUND INS CO
00075	METRO MACHINE CORP
00076	HUNT TAYLOR
00077	FIRST VIRGINIA LIFE INS CO
00078	THE FRANKLIN LIFE INS CO
00079	IDEAL MUTUAL
00080	ITT LIFE INSURANCE CO
00081	INA BENFIT SER
00082	GEN FIDELITY
00083	GLOBE LIFE INSURANCE COMPANY
00084	GEOTWN COM HTH PLAN
00085	GOV EMP LIFE INS
00086	GULF LIFE INSURANCE CO
00087	BEVERLY ENTERPRISES
00088	INDEPENDENT LIFE ACCID INS CO
00089	THE LINCOLN NATL LIFE INS CO
00090	HARTFORD LIFE INSURANCE CO
00091	HERALD LIFE INSURANCE CO
00092	HOME BENEFICIAL LIFE INS CO
00093	HOME LIFE GROUP BENE SERV INC
00094	PEOPLE SECURITY INSURANCE CO
00095	LABORERS DIST COU VA HLTH WELF
00096	LIFE INVESTORS INS CO OF AMER
00097	MEDICO LIFE INSURANCE CO
00098	MONTGOMERY WARD LIFE INS CO
00099	INDEPENDENCE
00100	INTEGON LIFE INSURANCE CORP
00101	INTEGRITY NATL LIFE INS CO
00102	INTER STATE ASSURANCE COMPANY
00103	INVESTORS
00104	NATL ASSOC GOVER EMPLOY
00105	NATL SENIOR CITIZENS GROUP
00106	NATIONAL TRAVELERS LIFE CO
00107	JOHN HANCOCK MUTUAL LIF INS CO
00108	NATIONAL BENEFIT LIFE INS CO
00109	GREAT WEST LIFE ASSUR.CO-MD
00110	KENTUCKY CENTRAL LIFE INS CO

00111	KEY LIFE
00112	NATL ACCIDENT AND HLTH
00113	NATL LIFE AND ACCID INS CO
00114	NATIONAL CASUALTY CO
00115	LIBERTY LIFE INS CO
00116	LIBERTY NATIONAL LIFE INS CO
00117	LIFE AND CASUALTY INS CO TN
00118	LIFE INS CO OF GEORGIA
00119	LIFE INS CO OF NORTH AMERICA
00120	THE LIFE INSURANCE CO OF VA
00121	LINCOLN INCOME LIFE INS CO
00122	LONE STAR LIFE INSURANCE CO
00123	LUMBERMENS
00124	ORANGE STATE LIFE HLTH INS CO
00125	PEOPLES SECURITY LIFE INS CO
00126	PROTECTIVE LIFE INS CO
00127	THE PYRAMID LIFE INSURANCE CO
00128	MARYLAND LIFE
00129	MASSACHUSETTS GEN LIFE INS CO
00130	MASSACHUSETTS MUT LIFE INS CO
00131	MAYFLOWER NATIONAL LIFE INS CO
00132	MED INDEMNITY CO
00133	METROPOLITAN CASUALTY INS CO
00134	MIDLAND MUTUAL LIFE INS CO
00135	MID SOUTH INS CO
00136	MID STATES
00137	MIDWEST SECURITY INS CO
00138	MUTUAL OF OMAHA INS CO
00139	MUTUAL LIFE
00140	BENEFIT PLAN STRATEGIES
00141	NYHART (WYNN'S PRECISION)
00142	SOUTHEAST LIFE
00143	NATL AMER LIF INS CO OF PA
00144	BUSINESS ADMIN & CONSULTANTS
00145	NATIONAL HOME LIF ASSURANCE C
00146	INTERCARE BENEFIT SYSTEMS
00147	NATIONAL LIFE INSURANCE CO
00148	NATIONAL SAVINGS LIFE INS CO
00149	NATL UN FIRE INS PITTSBURG PA
00150	NATIONWIDE LIFE INSURANCE CO
00151	NEW YORK LIFE INSURANCE CO
00152	NORTH AMERICAN INS CO
00153	NORTHWESTERN NATL LIFE INS CO
00154	UFCW HLTH AND WELFARE FUND
00155	SOUTHWESTERN LIFE INS CO
00156	OCCIDENTAL
00157	OPTOMETRIC SERV CORP
00158	SENTRY LIFE INS CO
00159	STANDARD LIFE SEC INS CO OF NY
00160	PAUL REVERE LIFE INS CO THE
00161	PENN MUTUAL LIFE INS CO
00162	STONEBRIDGE INSURANCE COMPANY
00163	PENSION LIFE INS CO OF AMERICA
00164	PHYSICIANS LIFE IN CO
00165	JEFFERSON PILOT LIFE INS CO
00166	PIONEER LIFE INS CO OF IL
00167	PROVIDEN LIFE & ACCIDENT INS C

00168	PRUDENTIAL INS CO OF AMERICA
00169	CONFED ADMIN SERVICES INC
00170	C & O RAILROAD
00171	SENIOR AMER
00172	RELIANCE
00173	REPUBLIC AMERICAN LIFE INS CO
00174	NATIONAL FINANCIAL
00175	ROYAL GLOBE
00176	TRUST
00177	UNION LABOR LIFE INS CO
00178	UNION BANKERS INS CO
00179	UNITED EQUITABLE INS CO
00180	SAFECO
00181	SCHOLASTIC
00182	TRIGON ADMINISTRATORS - VA
00183	SHENANDOAH LIFE INS CO
00184	SOUTHERN AID LIFE INS CO INC
00185	SOUTHLAND LIFE INS CO
00186	SOUTHWEST GENERAL
00187	STATE FARM FIRE & CASUALTY CO
00188	SUN LIFE ASSURANCE CO OF CANAD
00189	ITPE-NMU
00190	NETWORK HEALTH PLAN CORP
00191	UNITED CHAMBER ASSUR PLN
00192	TRANS-GENERAL LIFE INS CO
00193	TRAVELERS
00194	TWENTIETH CENTURY LIFE INS CO
00195	AETNA-FMC CORPORATION
00196	UNION CENTRAL LIFE INS CO THE
00197	USAF DEPT OF DEFENSE
00198	UNITED FAMILY LIFE INS CO
00199	USAA LIFE INS CO
00200	UNION SECURITY LIFE INS CO
00201	UNITED AMERICAN INS CO
00202	UNITED FIRE INSURANCE COMPANY
00203	UNITED MIN WORK OF AMER HLTH
00204	UNIVERSAL LIFE INS CO
00205	CENTRAL RESERVE LIF OF N AMER
00206	UNITED INS CO OF AMERICAL
00207	NATIONAL FOUNDATION LIFE INS C
00208	WESTERN AND SOUTHERN LIFE INS
00209	ZEB A TRUST
00210	ALUMINUM WKRS
00211	AMALGAMATED CLOTHING & TEXTILE
00212	AMAL MEATCUTTERS
00213	AMERICAN FED OF GOVT EMP
00214	POSTAL WKRS UNION
00215	ASBESTOS WKRS
00216	BAKERY AND CONFECTIONERY BENE
00217	BRICKLAYERS UNION
00218	BRHD RAILWAY CLERKS
00219	CARPENTERS UNION
00220	COMM WKRS OF AMER
00221	CONST GEN LAB UNION
00222	INT ASSO MACHINSTS
00223	INT BRHD ELECT WKRS
00224	INT UN OP ENGINEERS

00225	IRON WORKERS TRUST FUND
00226	MILLWRIGHTS UNION
00227	NATIONAL ASSOC OF LTR CARRIERS
00228	MAIL HANDLERS BENEFIT PLAN
00229	PLAST & CEMENT
00230	PLUMBERS & STEAMFITTERS
00231	SHEET METAL WORKERS' LOCAL 100
00232	TEAMSTERS JOINT COUNCIL NO 83
00233	FOOD & COMM WKRS
00234	UNITED PAPERWKRS
00235	UNITED STEELWKRS
00236	WAREHOUSE EMP
00237	BENEFIT PLAN SERVICES
00238	GREAT AMERICAN INS CO
00239	BANKERS MULTIPLE LINE INS CO
00240	VA DENTAL PLAN
00241	VA FARM BUR MUT
00242	VA MUT BENEFIT
00243	VA SURETY CO
00244	VOLUNTEER ST
00245	EMERSON ELEC BENE PLAN T
00246	EASTERN MED SUPPLY POLIC
00247	HARDEN & CO
00248	WAUSAU INSURANCE COMPANY
00249	WESTERN NAT LIFE INS CO
00250	WORLD INS CO
00251	HEALTH CARE ADINISTRATORS INC
00252	CROWN LIFE INS CO
00253	KEYSTONE INS CO
00254	YOUTHGUARD
00255	UNITED BENEFIT LIFE INS CO
00256	VA HLTH AND ACCIDENT ASSOC
00257	GUARANTEE RESERVE LIF INS CO
00258	NATIONAL LIBERTY LIFE
00259	GEORGE WASHINGTON LIFE INS CO
00260	PENNSYLVANIA LIFE INS CO
00261	OLD AMERICAN INS CO
00262	MONUMENTAL LIFE INS CO
00263	CENTRAL VA UFCW
00264	NEWPORT NEWS SHIPYARD
00265	PHYSICIAN MUTUAL INS CO
00266	REINSURED LEX GROUP INS
00267	EMPLOYEE BENEFIT CLAIMS
00268	VETERANS LIFE INS CO
00269	WASHINGTON AREA CORP CAR
00270	WAYNE ADMIN GROUP INS
00271	NEW ENGLAND GEN LIFE INS CO
00272	FIRST CONTINENTAL LIFE & ACCID
00273	MOUNTAIN TRAIL INSURANCE
00274	NAT'L HOME HEALTH
00275	WILLIS CORROON ADMIN SERV
00276	VA INDEPENDENT COAL CORP
00277	UNITED OF OMAHA LIFE INS CO
00278	NAT'L LEAGUE OF POSTMAST
00279	BENEFITS PLAN SERVICES INC
00280	CONTRACT DRIVERS INS TRUST
00281	TRANS AMER ACCIDENTAL LF

00282	FOOD HEALTH CARE
00283	RICHMOND BENEFICAL LIFE
00284	UNION FIDELITY LIFE INS CO
00285	SOUTHERN LUMBER MANF SPE
00286	UNION PLAN ADMINSTRATIO
00287	WOODMEN OF THE WORLD LIF INS
00288	WASHINGTON NATIONAL INS CO
00289	NORTH CAROLINA MUT LIF INS CO
00290	SPERRY MARINE SYSTEM
00291	DEPARTMENT OF LABOR
00292	CIF SERVICE CENTER
00293	VIRGINIA PLAN
00294	THE MINISTERS & MISSIONARIES B
00295	KISER INSURANCE CO
00296	CENTRAL VA RETAIL CLERK
00297	COSTAL PLAIN INS
00298	N N INVESTORS LIFE INS
00299	STUDENT ACCIDENT PROTECT
00300	VA DENTAL SERVICE PLAN
00301	WEAVER ASSOCIATES
00302	HORSEMEN BEN & PROT ASSOC
00303	PACIFIC MUTUAL LIFE INS CO
00304	THE OHIO STATE LIFE INS CO
00305	DELTA DENTAL PLAN OF VA
00306	POSTMASTERS BENEFIT PLAN
00307	EQUICOR
00308	ESMARK
00309	OPTIMA HEALTH PLAN
00310	SMITHFIELD FOOD HEALTH PLAN
00311	J P KENNEDY INS CO
00312	HUMANA INSURANCE
00313	ALLIANCE HLTH BENE PLAN
00314	HRSA/ILA
00315	ROLLINS INS CO
00316	AARP
00317	TIME INSURANCE COMPANY
00318	COSTAL HEALTH CARE PLAN
00319	HMO PLUS
00320	HEALTH AMERICA
00321	QUAKER CITY
00322	MONUMENTAL GENERAL INS CO
00323	UNION LIFE/HOSP INDEMNIT
00324	UNION FEDERAL NATIONAL
00325	COLONIAL BENEFIT ADMINISTRATOR
00326	AETNA
00327	NORTHEAST DELTA INSURANCE
00328	H J WILLIAMS COMPANY INS
00329	BENEFICIAL STANDARD LFE INS CO
00330	FEDERAL LIFE INS CO
00331	BAYLY MARTIN & FAY INS
00332	HMO OF PENNSYLVANIA
00333	BOILERMAKER NAT HLTH & WEL FND
00334	ENGINEERS UNION 106
00335	U S FIDELITY & GUARANTY
00336	AVTEX FIBERS INC
00337	STOUFERS CONCOURSE HOTEL
00338	LOYAL AMERICAN LIFE INS CO

00339	PRUDENTIAL AUTO DEALER
00340	SECURITY TRST LFE INS CO OF GA
00341	STATE MUTUAL INS CO OF AMERICA
00342	NAT'L CAPITAL ADMIN SERVC
00343	KISER GEORGETOWN INS
00344	PRIVATE HEALTH CARE SYS
00345	SECARE 65
00346	TEACHERS PROTECTIVE MUT LFE IN
00347	CCEB TRUST
00348	SEA FARERS
00349	CNS WHOLESALE GROCERY
00350	WEYERHAEUSER GROUP INS
00351	MAIL HANDLERS BENEFIT PLAN
00352	CHOICE INS HEALTH PLAN
00353	MWH MEDICORP MEDICAL PLN
00354	GOVERNMENT EMPLOYEES HOSP ASSOC
00355	VULCAN LIFE INS CO
00356	JOHN ALDEN LIFE INS CO
00357	PROVIDERS ALLCARE ADMINISTRATO
00358	LIFE & HLTH INS CO OF AMERICA
00359	CENTRAL LIFE ASSURANCE CO
00360	IBEX BENEFITS
00361	GREAT WESTERN
00362	CONFEDERATION LIFE
00363	BLUE CROSS/BLUE SHIELD OF MASS
00364	AMERICAN REPUBLIC INS CO
00365	HLTH CARE PLAN ADMIN
00366	HORACE MANN INS CO
00367	GENERAL AMERICAN INS CO
00368	OXFORD LIFE INSURANCE CO
00369	GENERAL AMERICAN INS CO
00370	NORTH BROOK INSURANCE
00371	HERITAGE NAT'L HLTH PLAN
00372	GLOBAL INS MANAGEMENT
00373	FLORIDA ROCK INDUSTRIES
00374	VETERANS OF FOREIGN WARS
00375	HUDSON GROUP ADMINIS
00376	KAISER PERMANENTE
00377	HARVEST LIFE INS CO
00378	TENNESSEE COMPANY GROUP
00379	TRANSPORT LIFE INSURANCE CO
00380	CONTROL DATA SYSTEMS INC.
00381	GREAT WEST LIFE ASSURANCE CO
00382	HECHINGER
00383	HOME BLDS ASSOC OF VA HLTH BNF
00384	GREAT WEST LIFE ASSURANCE CO
00385	CHESTERFIELD RESORCE INC
00386	SECURITY TRST LFE INS OF GA
00387	HILTON NEVADA CORP GRP HLTH BN
00388	DAYSTORM LADD FURNITURE
00389	SENTARA HEALTH PLAN
00390	CAPITOL AMERICAN LIFE INS CO
00391	PRINCIPAL MUTUAL LIFE INS CO
00392	FIELDCREST MILLS
00393	HUDSON GROUP ADMINISTRATOR
00394	GOLDEN RULE LIFE INS CO
00395	CONSUMERS UNITED LIFE INS CO

00396	COMPREHENSIVE BENEFITS SERV CO
00397	DEAN COMPANY EMPLOYEE
00398	PLANNED ADMINISTRATOR INC.
00399	AWANA CLUBS INT'L GROUP INS
00400	DAN RIVER MILLS INC
00401	LINCOLN NATIONAL LIFE INS CO
00402	BOOKE AND COMPANY
00403	MEDICAL DOCTORS INDIV PRACTICE
00404	CORPORATE SYSTEMS ADMIN
00405	TRANSPORT LIFE INS COMPANY
00406	C AND A INSURANCE COMPANY
00407	FEDERAL EXPRESS CORP GRP HLTH
00408	ROSES INTERACTIVE MEDICAL SER
00409	CHARLES CO EMPLOYEE BENEFIT TR
00410	PROVIDERS ALLCARE ADM
00411	SETTLERS LIFE INS CO
00412	NORTHERN GROUP SERVICES INC
00413	AID ASSOCIATION FOR LUTHERANS
00414	OLD SURETY LIFE OF TEXAS
00415	PACIFIC FIDELITY LIFE INS CO
00416	LANE CO IN HLTH CARE PLAN
00417	REYNOLDS METALS INSURANCE
00418	C AND O EMPLOYEES HOSP ASSOC
00419	CAMPBELL TAGGART INC
00420	COBRA SERVICE
00421	BASSETT WALKER
00422	ATLANTA GROUP BENEFIT CENTER
00423	LONG - AIR DOX CO
00424	ALTA
00425	UNITED FURNITURE WORKERS INS
00426	ATLANTA LIFE INSURANCE CO
00427	GROUP HEALTH ADMINISTRATORS
00428	MEDICAL FACILITIES OF AMERICA
00429	CIGNA
00430	ADVANCED INSURANCE SERVICE
00431	ITT HARTFORD LIFE & ANNUITY
00432	HEALTH CLAIM SERVICES
00433	FRINGE BENEFIT REVIEW
00434	NGS AMERICAN
00435	JEFFERSON PILOT C/O AMPRO FISH
00436	CRUM & FOSTER INS COMPANIES
00437	T P A OF GEORGIA
00438	SECURITY LIFE INS CO OF AMER
00439	MCDONOUGH-CAPERTON BENEFIT SER
00440	PCS HEALTH SYSTEM CLAIMS
00441	LAWRENCE MUSGROVE ASSOC
00442	WASHINGTON POST - SELF INSURER
00443	OPTIMUM CHOICE INC
00444	BLUE CROSS BLUE SHIELD(EMPIRE)
00445	G H I
00446	BENEFIT PLAN ADMINISTRATORS
00447	B/C - B/S OF ILLINOIS
00448	JOHN DEERE LIFE INS COMPANY
00449	NRECA NAT'L ROYAL ELECTRIC COR
00450	H. L. DUKE & COMPANY
00451	AMERICAN NATIONAL INS CO
00452	THE MUTUAL GROUP

00453	ACORDIA LOCAL GOV'MNT BENEFITS
00454	AM FOREIGN SERV PROT ASSOC
00455	E B SERVICES INC
00456	SELF FUNDED PLANS INC
00457	PHYSICIANS ASSOC
00458	FLEETWOOD INDUSTRIES
00459	PAID PRESCRIPTION PROGRAM
00460	SOUTHERN HEALTH INSURANCE
00461	HEALTH PLUS
00462	B/C - B/S OF NORTH CAROLINA
00463	CAPITAL CARE BC BS
00464	NATIONAL HEALTH INS CO
00465	E D S ELECTRONIC DATA SYSTEM
00466	INSUREX BENEFITS
00467	BENEFIT CONSULTANT SERVICES
00468	MAMSOVA
00469	AETNA LIFE INS CO NC
00470	TOWER LIFE INSURANCE CO
00471	SERV BEN PLAN RETAIL PHARM PRO
00472	UNITED STATES LIFE INS CO
00473	NATIONAL BENEFIT PLANS
00474	CHESAPEAKE BAY FISHING CO
00475	JOHN HANCOCK INS CO
00476	GROUP HEALTH COOPERATIVE
00477	AMALGATED LIFE INS CO
00478	SAVERS LIFE INS CO
00479	METLIFE (METROPOLITAN)
00480	CIGNA HEALTHCARE
00481	ROSES INC
00482	BLUE CROSS/BLUE SHIELD-MI
00483	BLUE CROSS BLUE SHIELD OF WV
00484	BMA BUSINESS MEN'S ASSURANCE
00485	HEALTH STRATEGIES
00486	CORPORATE BENEFITS SERVICE INC
00487	HEALTHKEEPERS
00488	BLUE CROSS BLUE SHIELD OF AL
00489	BC/BS OF PA (INDEPENDENCE)
00491	AETNA LIFE INS CO INDIANA
00492	KANAWHA INSURANCE CO
00493	AMERICAN MEDICAL SECURITY
00494	AMER POSTAL WORKERS UNION PLAN
00495	TRAVELERS
00496	PRIORITY HLTH CARE-HLTHKEEPERS
00497	NATL ASSOC OF HOME BUILDERS
00498	EMPLOYERS HEALTH INS CO
00499	BORDEN INC
00500	PAN AMERICAN LIFE INS CO
00501	THE GUARDIAN
00502	NOBLE LOUNDES AND JOHNSON
00503	CONTINENTAL GENERAL INS CO
00504	SOUTHERN BENEFIT SERVICE
00505	AMER BANKERS LIFE ASSUR OF FL
00506	NATIONWIDE LIFE INS CO
00507	GUARANTEE MUTUAL LIFE INS CO
00508	PIECE GOOD SHOPS INC SELF INSU
00509	WASHINGTON WHOLESALERS INS CO
00510	STATE FUND WORKERS COMPENS INS

00511	ADMINISTRATIVE CONSULTANTS
00512	BLUE CROSS BLUE SHIELD OF FL
00513	GROUP BENEFITS SERVICES
00514	PHOENIX MUTUAL LIFE INS
00515	DUKE AND CO EMPLOYEE BEN MANAG
00516	THE PRINCIPAL FINANCIAL GROUP
00517	PLUMBERS PIPEFITTERS MED FUND
00518	EMPLOYEE BENEFIT MANAGEMENT CO
00519	CENTRAL BENE NATL LIFE INS CO
00520	FORTIS BENEFITS INS CO
00521	BLUE CROSS BLUE SHIELD OF MO
00522	ALICARE INC
00523	RURAL ELECTRIC GRP INS ADMINIS
00524	METROPOLITAN LIFE INS CO
00525	BLUE CROSS BLUE SHIELD OF TX
00526	CLAIMSWARE INC
00527	HEALTH RISK MANAGEMENT
00528	THE MEGA LIFE & HEALTH INS CO
00529	BC/BS OF MAINE
00530	TPA OF FORT WORTH
00531	ACORDIA NATIONAL
00532	BC/BS OF CENTRAL NEW YORK
00533	DIVERSIFIED GROUP ADMIN. INC.
00534	AFF TEAMS HLTH/WEL MD-LOCAL311
00535	PIEDMONT ADMINISTRATORS
00536	FIRST HEALTH - UTAH
00537	GLOBE LIFE & ACCIDENT INS. CO.
00538	COMMUNITY MUTUAL INS CO
00539	BLUE CROSS-BLUE SHIELD-HIGHMRK
00540	CIGNA
00541	THE GUARDIAN
00542	ALLIANCE ASSURANCE CO
00543	TRAVELERS-NEW YORK
00544	UNITED MEDICAL RESOURCES INC
00545	HEALTH SOURCE INS GROUP
00546	AMERICAN CONT LIFE INS CO
00547	TRAVELERS-DENTAL-NEW YORK
00548	HMO OF VIRGINIA
00549	A CONSULTING SERVICES
00550	AETNA HEALTH PLAN-OHIO
00551	FCE BENEFIT ADMINISTRATORS
00552	FIRST HLTH ADVANTAGE-PROVIDIAN
00553	PRO CLAIM ADMIN INC (PROCLAIM)
00554	CORESOURCE INC (NC)
00555	METRAHEALTH
00556	CORESOURCE INC
00557	DUKE BENEFITS SERVICES
00558	PHARMACY NETWORK NAT CORP
00559	BANKERS UNITED LIFE ASSURANCE
00560	SOUTHERN HEALTH SERVICES
00561	GRGE WASHINGTON UNIV HLTH PLAN
00562	METRO LIFE INS CO (DE)
00563	BA MULLICAN LUMBER/MANUF CO
00564	HOME LIFE GP BEN & SERV INC
00565	CONTINENTAL ASSURANCE CO
00566	AETNA LIFE INS CO - TX
00567	BC/BS OF WI

00568	NAT TELE COOP ASSOC/GRP HLTH
00569	AMPRO FISHERIES COMPANY
00570	EXPRESS SCRIPTS
00571	HARRINGTON BENEFIT SERVICES
00572	PARTNERS NAT HLTH PLANS NC
00573	GROUP INSURANCES SERVICES
00574	ASSOCIATED BENEFITS CORP OF TN
00575	FOUNTAINHEAD ADMIN INC
00576	SINGER FURNITURE - ROANOKE
00577	HUMANA HEALTH PLAN
00578	BLUE CROSS AND BLUE SHIELD TN
00579	CHUBB LIFEAMERICA INS. CO
00580	SPECTRUM ADMINISTRATORS
00581	GENERAL HEALTH BENEFITS
00582	BLUE CROSS AND BLUE SHIELD NJ
00583	HEALTHTRUST
00584	BLUE CROSS AND BLUE SHIELD MS
00585	AMINITRON
00586	TRAVELERS PLAN ADMIN OF TENN
00587	GALLAGHER BASSETT
00588	ALEXANDRIA HOSPITAL PLAN
00589	PROVIDENT LIEF AND ACCID
00590	HEALTHSOURCE PROVIDENT-MEDICAL
00591	NASI WELFARE FUND
00592	WILLSE & ASSOCIATES INC
00593	CLAIM MANAGEMENT SERVICE
00594	PENN WESTERN BENEFITS INC
00595	PHILADELPHIA AMERICAN LIFE INS
00596	JONBIL INC
00597	ELECTRO-MECHANICAL CORP
00598	COLUMBIA FOREST PRODUCTS
00599	FEDERAL BLACK LUNG ASSOC
00600	JEFFERSON PILOT LIFE INS CO TN
00601	GENERAL ELECTRIC MED BENEFITS
00602	E.B.C. MID-AMERICAL
00603	HELATH NETWORK AMERICA
00604	MENNONITE MUTUAL AID
00605	THE TRAVELERS-MANAGED CARE SYS
00606	LIFE INSURANCE CO OF N AMER
00607	MEDICAL CLAIMS MANAGEMENT CORP
00608	METRA HLTH/RAILROAD ACCOUNTS
00609	MAMSI
00610	CAREMARK PRESCRIPTION SERV DIV
00611	MID-ATLANTIC MED SERV
00612	NEW YORK LIFE/HEALTH PLUS
00613	WEIMAN UPHOLSTERY
00614	ACORDIA NATIONAL-BC/BS OF KY
00615	POWELL MOUNTAIN COAL CO INC
00616	NOBEL GROUP BENEFITS
00617	BLUE CROSS/BLUE SHIELD OF NJ
00618	U S HEALTHCARE
00619	MCKEE FOODS GROUP BENEFITS
00620	STATE FARM INSURANCE
00621	BLUE CROSS/BLUE SHIELD OF IOWA
00622	BASSETT FURNITURE
00623	BRENCO INC
00624	BLUE CROSS/BLUE SHIELD OF SC

00625	NEW RIVER INDUSTRIES INC
00626	BLUE CROSS/BLUE SHIELD KANSAS
00627	COST MANAGEMENT TECHNOLOGIES
00628	BLAIR MILL ADMINISTRATORS
00629	CENTRA HEALTH BENEFITS
00630	MAN-U SER CONTRACT TRUST FUND
00631	WILLIAM TALLEY SIGN CO
00632	B.P.S. INC
00633	CELTIC LIFE INS CO
00634	LADD MEDICAL CLAIMS DEPT
00635	SELF INSURED SERV CO
00636	SHOOSMITH BROTHERS INC HLTH PLN
00637	MANCHESTER GROUP HEALTH PLAN
00638	DOANE PRODUCTS CO GROUP BENE
00639	EDUCATORS MUTUAL LIFE
00640	CENTRAL CAROLINA WAREHOUSE GRP
00641	MANGE-MEDICAL-CLAIMSWARE
00642	ELECTRICAL WELFARE TRUST FUND
00643	PRUDENTIAL INSURANCE COMPANY
00644	MET LIFE DENTAL
00645	GREAT WEST LIFE & ANNUITY INS
00646	BASSETT EMPLOYEE BENEFITS
00647	ANTHEM LIFE
00648	CIGNA HEALTHCARE OF VA
00649	JOHN HANCOCK
00650	JOHN DEERE HLTH CARE
00651	HILSTON VALLEY MED CTR
00652	THE GUARDIAN
00653	SOTHERN HEALTH TPA
00654	NETWORK INSURANCE INC
00655	ROCCO BENEFITS
00656	MANPOWER
00657	LAB DIST CO HL & WEL TRST FD#2
00658	MASS MUTUAL UNICARE
00659	JONES HILL & MERCER EMPL BENE
00660	BLUE CROSS AND BLUE SHIELD
00661	AETNA LIFE INS CO-PENNSYLVANIA
00662	CARILION HEALTH PLANS
00663	AETNA LIFE INS CO-FLORIDA
00664	CIGNA-DELEWARE
00665	STARMARK
00666	MEDICARE PART B-RAILROAD
00667	AETNA HEALTH PLAN-OKLAHOMA
00668	FIRST HEALTH-MARYLAND
00669	GREAT WEST LFE ASSUR CO PITTSB
00670	CONTINENTAL LIFE AND ACCIDENT
00671	TYSON FOODS INC
00672	STRATEGIC RESOURCE COMPANY
00673	WASHINGTON GAS & LIGHT CO
00674	AETNA LIFE INS CO -MASS
00675	DENTAL HLTH ADMIN & CONSLT SR
00676	FAISON INSURANCE ASSOCIATES
00677	TEACHER'S STATE EMPLOYEES'
00678	HEALTH PLANS INC
00679	FEDERATED MUTUAL INS.
00680	ACORDIA BENEFITS OF THE SOUTH
00681	ADMINITRON INC.

00682	ACORDIA BENEFITS
00683	HEATAC INC.
00684	VIRGINIA SPRINKLERS
00685	MANAGED PRESCRIPTION SERVICES
00686	PULASKI FURNITURE CORPORATION
00687	PIEDMONT COMMUNITY HEALTH PLAN
00688	CONSUMER DENTAL CARE
00689	ALTA HEALTH STRATEGIES INC
00690	METRAHEALTH
00691	AETNA LIFE INS CO-TYLER TX
00692	EMPLOYESS PLAN INC
00693	FEDERAL EMP BENE-TRIGON BCBS
00694	DONOVAN BENEFIT SYSTEMS INC
00695	EXPRESS SCRIPTS INC
00696	NATIONAL PRESCRIPTION ADM-NPA
00697	KIRK VAN ORSDEL INC
00698	BLUE CROSS & BLUE SHIELD OHIO
00699	GOODYEAR GROUP INS.
00700	INDIANAPOLIS NEWSPAPERS INC
00701	VIRGINIA HEALTH NETWORK
00702	EPOCH GROUP
00703	UNITED HEALTHCARE CORPORATION
00704	THE NEW ENGLAND CARE HLTH PLAN
00705	COLUMBIA HOSP CORP OF AMERICA
00706	PROVANTAGE
00707	MEDIPLUS
00708	FIRST ALLMERICA FINAN LIFE
00709	BC/BS OF CT
00710	CENTRAL UNITED INSURANCE CO
00711	AETNA LIFE INS CO - CALIF
00712	DONNKENNY APPAREL INC.
00713	ALLMERICA FINANCIAL
00714	SRX PHARMACY SPECIALISTS
00715	HEALTHSOURCE PROVIDENT
00716	BC/BS OF PA (CAPITAL)
00717	L & H ADMINISTRATORS
00718	GRAPHIC COMM & NAT'L H & W FND
00719	RELIASTAR(PRESTO PROD-#187119)
00720	METROPOLITAN LIFE INS CO-ILL
00721	QUALCHOICE OF NORTH CAROLINA
00722	AETNA HEALTH PLAN-MID-ATLANTIC
00723	WISCONSIN PHYS SERV/INSUR-TEC
00724	GATEWAY HEALTH ALLIANCE
00725	CORPORATE HEALTH ADMINISTRATOR
00726	AETNA LIFE INS CO - MICHIGAN
00727	PRUDENTIAL INS CO (ALBANY)
00728	TRIGON ADMINISTRATORS - NC
00729	AETNA LIFE INS CO - READING
00730	BC/BS OF PUERTO RICO
00731	AETNA LIFE INS CO - FRESNO CA
00732	STANDARD INSURANCE COMPANY
00733	YOUNG LIFE BENEFIT PLAN
00734	BLUE CROSS/BLUE SHIELD-CALIF
00735	BC/BS OF ARKANSAS
00736	AETNA INS CO.- KENTUCKY
00737	AETNA HEALTH PLAN - ILLINOIS
00738	BLUE CROSS/BLUE SHIELD

00739	ANTHEM BLUE CROSS/BLUE SHIELD
00740	PRUDENTIAL HEALTHCARE GROUP
00741	POSITIVE CARE ADMINISTRATORS
00742	TYSON FOODS INC-TEMPERANCEVILL
00743	EMPLOYEE BENEFIT SERVICES INC
00744	ALLIED ADMINISTRATORS
00745	PRINCIPAL HLTH CARE OF MID-ATL
00746	CENTRA
00747	THE DARBY CHOICE PROGRAM
00748	PRUDENTIAL HEALTHCARE
00749	PENINSULA HEALTHCARE
00750	INTERACTIVE MEDICAL SYSTEMS
00751	VALUE BEHAVIORAL HEALTH
00752	HEWITT COLEMAN AND ASSOCIATES
00753	USA HEALTH NETWORK
00754	ONE HEALTH PLAN
00755	MEDIPLAN
00756	CNA INSURANCE CO
00757	SOUTHAMPTON MEM HOSP-VICARE AD
00758	AETNA LIFE INS CO-DELAWARE
00759	HEALTH PLAN SERVICES INC.
00760	UNITED HLTHCARE ADMINISTRATORS
00761	NYL CARE
00762	MCELROY METAL MILL INC
00763	ALLIANCE
00764	UNITED HEALTH CARE
00765	OPTIMUM CHOICE
00766	UNICARE GROUP CLAIMS
00767	CHA HEALTH
00768	UNITED HEALTHCARE
00769	LITTLE CAESAR FRANCHISE BEN PL
00770	STARBRIDGE/STAR HUMAN RES GRP
00771	BC/BS OF ROCHESTER AREA
00772	EMPHEIS
00773	KENTUCKY UTILITIES COMPANY
00774	THE GUARDIAN (WASHINGTON)
00775	LINE CONSTRUCTION BENEFIT FUND
00776	NEW YORK LIFE
00777	UNICARE
00778	BC/BS OF MINNESOTA
00779	CRAWFORD & COMPANY
00780	BLUE CROSS BLUE SHIELD OF LA
00781	PROVIDENT LFE & ACC-S.CAROLINA
00781	PROVIDENT LFE & ACC-S.CAROLINA
00782	BUNKER HILL FOODS INC
00783	CIGNA - NEW MEXICO
00784	BENEFIT CONCEPTS INSURANCE
00785	HUMANA EMPLOYERS HEALTH
00786	BC/BS OF UTICA (NEW YORK)
00787	THE CENTENNIAL LIFE INS. CO.
00788	PREFERRED HEALTH PLAN INC.
00789	BENEFIX/OLAN MILLS GR MED PLAN
00790	JEFFERSON-PILOT (BLUE RDG ADM)
00791	CUNA MUTUAL INS CO-CREDIT UNIO
00792	AMERITAS DENTAL CARE DIVISION
00793	PITTMAN AND ASSOCIATES
00794	COMMONWEALTH HEALTH ALLIANCE

00795	BENEFIT ASSISTANCE CORP
00796	COASTAL LUMBER HEALTH CARE
00797	ARAMARK
00798	VICARE
00799	PRIMARY HEALTH SERVICES
00800	ABC-ASSOC BLDRS & CONTRACTORS
00801	KEMPER NATIONAL INS COMPANY
00802	WORKMANS OIL INC.(ACS GROUP)
00803	WYNN'S
00804	THE TPA
00805	COMMUNITY HEALTH
00806	AMERICAN HEALTH SERVICES
00807	MVP SELECT CARE INC
00808	BC/BS OF DELAWARE
00809	GREAT WEST LIFE ASSUR CO.-OHIO
00810	PRIMARY PHYSICIAN CARE
00811	SOUTHEASTERN PIPE TRADES
00812	ADMINISTRATIVE SERVICES INC
00813	CARDAY ASSOCIATES
00814	PHOENIX GROUP SERVICES
00815	LAND-O-SUN DAIRIES INC.
00816	TUCKER ADMINISTRATOR
00817	SELF FUNDING ADMINISTRATORS
00818	MAKSIN MANAGEMENT CO.
00819	UNITED HEALTHCARE
00820	NATIONAL ELEVATOR INDUSTRY HLT
00821	INTER-RAIL TRANS. INC.
00822	MANUS INC.
00823	PILGRIM HEALTH CARE
00824	GEORGETOWN HEALTH PLAN
00825	AETNA LIFE INS CO-HARTFORDCT
00826	DAVIS-GARVIN AGENCY
00827	DIVERSIFIED PHARM. SERVICES
00828	ADVANCED PARADIGM INC.
00829	ALLIANCE PPO
00830	PEOPLES BENEFIT LIFE INSURANCE
00831	PARTNERS OF NORTH CAROLINA INC
00832	VICARE
00833	HEALTH ALLIANCE PLAN
00834	FINDLAY INDUSTRIES
00835	ECKARD HEALTH SERVICES
00836	ADVANCE DATA SOLUTIONS
00837	PHARMACY ADVANTAGE SYSTEMS
00838	MEDCO/PAID PRESCRIPTION
00839	VISION ONE
00840	ALL RISK ADMINISTRATORS INC.
00841	ADMINISTRATIVE SERV OF N.AMER
00842	AUTOMATED GRP ADMIN. INC.
00843	BENEFIT PLAN ADMINISTRATORS
00844	COOPERATIVE BENEFIT ADMIN
00845	CIGNA HEALTHCARE
00846	EXPRESS SCRIPTS INC.
00847	CIGNA HEALTH PLANS
00848	CIGNA HEALTHCARE
00849	AETNA US HEALTHCARE
00850	CIGNA HEALTHCARE
00851	RX PRIME

00852	CIGNA HEALTHCARE
00853	MET LIFE DENTAL
00854	CIGNA HEALTHCARE
00855	CIGNA HEALTHCARE
00856	CIGNA HEALTHCARE
00857	HOOVER FURNITURE
00858	CIGNA HEALTHCARE
00859	CIGNA HEALTHCARE
00860	EMPLOYEE BENEFIT CLAIMS INC.
00861	FEDERATED MUTUAL INS. CO.
00862	FIELDCREST CANNON INC.
00863	CIGNA INDEMNITY DENTAL
00864	GREAT WEST
00865	GREAT WEST
00866	GREAT WEST
00867	GROUP RESOURCES INC.
00868	JEFFERSON PILOT LIFE INS.
00869	KAISER PERMANENTE
00870	JOHN ALDEN LIFE INS. CO.
00871	KANAWHA HEALTHCARE SOLUTIONS
00872	BENESCRIP
00873	MID-WEST NATIONAL LIFE INS CO
00874	FIRST HEALTH
00875	MAMSI
00876	DIVERSIFIED PHARMACEUTICAL SVC
00877	JOHN P. PEARL & ASSOC.
00878	OPTIMUM CHOICE
00879	PACIFIC MUTUAL
00880	PIEDMONT COMMUNITY HEALTH PLAN
00881	PRINCIPAL FINANCIAL GROUP
00882	UNIVERSAL RX
00883	ULTRA LINK
00884	DELTA DENTAL OF ARKANSAS
00885	DELTA DENTAL OF PENNSYLVANIA
00886	UNICARE
00887	UNIFI INC./MEDCOST
00888	PHARMACARE
00889	VISION SERVICE PLAN
00890	DISNEY GROUP INC.
00891	AMERICAN GROUP ADMINISTRATOR
00892	CARITEN INSURANCE CO
00893	CIGNA HEALTHCARE
00894	SO.E.PIPETRADERS H & W FD/#491
00895	JOHN DEERE HEALTHCARE
00896	ANTHEM HEALTH & LIFE (AHL)
00897	AETNA PHARMACY MANAGEMENT
00898	SPECTERA
00899	PRUDENTIAL HEALTHCARE
00900	MEDIMPACT
00901	EAGLE MANAGE CARE
00902	EXPRESS SCRIPT VALUE RX
00903	UNICARE DENTAL
00904	PRUDENTIAL HEALTHCARE DENTAL
00905	PRINCIPAL FINANCIAL GROUP
00906	PRUDENTIAL INSURANCE
00907	PRUDENTIAL INSURANCE
00908	PROFESSIONAL CLAIMS MANAGEMENT

00909	FORTIS BENEFITS INS. CO.
00910	COMMUNITY HEALTHCARE
00911	UFCW
00912	GROUP DENTAL SERVICE
00913	ARGUS HEALTH SYSTEM
00914	ADMINISTRATED SOLUTIONS INC.
00915	SHEFFIELD OLSON & MCQUEEN INC.
00916	SCRIPT CARE
00917	PIEDMONT COMMUNITY HEALTH PLAN
00918	CIGNA HEALTHCARE
00919	PRINCIPAL FINANCIAL
00920	PRINCIPAL FINANCIAL
00921	PRINCIPAL FINANCIAL
00922	PRINCIPAL FINANCIAL
00923	PRINCIPAL FINANCIAL
00924	CIGNA HEALTHCARE
00925	CIGNA HEALTHCARE
00926	UNICARE
00927	UNITED HEALTHCARE OF MIDWEST
00928	GOLDEN RULE
00929	UNICARE
00930	UNICARE DENTAL
00931	ERISA DESIGNED SYSTEMS ADMIN
00932	NATIONAL TEXTILES
00933	ALLIANZ-LIFE INSURANCE CO
00934	COMPANION LIFE
00935	MEDICHOICE
00936	SAI MEDICAL HEALTH
00937	KAISER PERMANENTE
00938	CORNING INC. HEALTH BENEFITS
00939	AON CONSULTING
00940	BLUE CROSS/BLUE SHIELD-S CAROL
00941	FIRST OPTION HEALTH PLAN
00942	AARP HC OPTIONS/UNITED HC CLAI
00943	INSURERS ADMINISTRATORS
00944	TUFTS BENEFIT ADMINISTRATORS
00945	RX NET
00946	DELMARVA UNITED F&C WKRS
00947	GROUP H PENSION ADMINISTRATOR
00948	RESERVE NATIONAL INS CO
00949	RURAL CARRIER BENEFIT
00950	FMH BENEFIT SERVICES INC.
00951	HRM CLAIM MANAGEMENT INC.
00952	THE BOARD OF PENSIONS
00953	CENTRA
00954	SIMA/SOUTHERN INSURANCE MGMT
00955	NEW ENGLAND FINANCIAL
00956	MEDICAL MUTUAL OF OHIO
00957	WELS VEBA HLTH PLAN GRP ASSOC
00958	MD HEALTH PLAN
00959	SERV-U PRESCRIPTION SERVICES
00960	SOUTH WEST INSURANCE
00961	METRA-HEALTH ESSILOR OF AMERIC
00962	GALLAGHER BASSETT SERVICES INC
00963	DDP*DELTA
00964	JFP BENEFIT MANAGEMENT INC.
00965	VIRGINIA PREMIER HEALTH PLAN

00966	ANTHEM HEALTH & LIFE INS. CO.
00967	CHEVRON MEDICAL PLAN
00968	THE NYHART COMPANY INC.
00969	UNICARE OF NC/ARMY BENEFITS
00970	FREEDOM LIFE INS CO OF AMERICA
00971	BOARD OF PENSIONS
00972	COMMUNITY CARE PLUS
00973	DENTAL ALTERNATIVE
00974	PRESCRIPTION SOLUTION
00975	USA ONE
00976	NEW ENGLAND FINANCIAL (MD)
00977	MIDWESTERN INSURANCE ALLIANCE
00978	CM ADMINISTRATION
00979	CONSECO HEALTH INSURANCE
00980	MIDWESTERN INS ALLIANCE BEECH
00981	NORTH AMERICAN HEALTH PLAN
00982	ANTHEM
00983	PEOPLES BENEFIT & VETERANS LIF
00984	HEALTH MANAGEMENT CORPORATION
00985	DELTA DENTAL OF TENNESSEE
00986	JF MOLLOY & ASSOCIATES
00987	U.S. ABLE ADMINISTRATORS
00988	IBC
00989	SUN HEALTH INC.
00990	AMERIHEALTH ADMINISTRATORS
00991	THE LOOMIS COMPANY
00992	AETNA US HEALTHCARE - MARYLAND
00993	LIFE INVESTORS
00994	CARENET
00995	AMERICAN BENEFITS MANAGEMENT
00996	TWENTY-FIRST CNTRY HLTH & BENF
00997	MEGA LIFE & HEALTH INSURANCE
00998	PENINSULA INSURANCE AGENCY
00999	MEDICARE - PART B
A01	NORTH AMERICAN BENEFITS NETWK
A02	MEDICAL CLAIMS SERVICES
A03	UNITED HEALTHCARE OF VA
A04	NEBRASKA BOOK EMP.HLTH CARE PL
A05	FIRST HEALTH MEDICAL
A06	UNITED HEALTH CARE
A07	AVADO BRAND
A08	JEWEL SMOKELESS COAL CORP.
A09	GALLAGHER BENEFIT ADMIN
A10	KANSAS CTY LIFE ADMIN SERVICES
A11	RUSSELL MANUFACTURING
A12	HLTH & WELFARE BENEFIT SYSTEMS
A13	UPSTATE INSURANCE
A14	SEABURY AND SMITH
A15	MEDCOST BENEFIT SERVICES
A16	THE MAXON COMPANY
A17	INNOVATION HEALTH INC
A18	ALTA HEALTH AND LIFE
A19	HEALTHSOURCE/CIGNA
A20	LEGGETT & PLATT
A21	GROUP ADMINISTRATORS LTD
A22	AMERICAN COMMERCIAL BARGE LINE
A23	LANE HEALTH BENEFITS PLAN

A24	RMSCO INC.
A25	KANAWHA BENEFIT SOLUTION INC.
A26	AMERICAN HEALTH GROUP
A27	BELL ATLANTIC DENTAL BENEFIT
A28	COMMUNITY CARE NETWORK
A29	CIGNA HEALTHCARE - FARMINGTON
A30	MUTUAL OF OMAHA
A31	FIRST HEALTH
A32	AETNA US HEALTHCARE - ND
A33	GOOD SAMARITAN
A34	GREAT WEST
A35	AETNA US HEALTHCARE
A36	MEDICAL BENEFITS MUTUAL INS CO
A37	UNITED HEALTHCARE OF NC
A38	CENTRAL STATES WELFARE FUND
A39	ZENITH ADMINISTRATORS
A40	QUALITY SERVICE ADMINISTRATORS
A41	AMERICAN GENERAL LIFE&ACCIDENT
A42	AAGI
A43	SCOTT AND WHITE HEALTH PLAN
A44	FEDERAL MOGUL
A45	CONCORDIA HEALTH PLAN
A46	IPS
A47	VIGILANT INSURANCE
A48	UNITED HEALTHCARE OF NEW YORK
A49	MAIL HANDLERS BENEFIT PLAN
A50	KAISER PERMANENTE
A51	GLEN RAVEN MILLS INC.
A52	CHARLOTTE HEALTH CARE SRV. CTR
A53	CIGNA HEALTHCARE
A54	CAMBRIDGE
A55	RESTAT
A56	MED TAC HEALTHCARE
A57	CORESTAR/ELECTRA HEALTH NETWK
A58	BENEFIT MANAGEMENT SERVICES
A59	FOREIGN SERVICE BENEFIT PLAN
A60	GREAT WEST LIFE
A61	AETNA US HEALTHCARE
A62	AETNA U.S. HEALTHCARE
A63	MAMSI
A64	MONUMENTAL LIFE INSURANCE
A65	JOHN ALDEN LIFE INSURANCE CO.
A66	GENERAL PRESCRIPTION
A67	CHURCH MUTUAL INSURANCE
A68	FOREIGN SERVICE BENEFIT PLAN
A69	MED COST PREFERRED
A70	WAC WELFARE FUND
A71	PRINCIPAL LIFE INSURANCE CO.
A72	KEYSTONE MERCY HEALTH PLAN
A73	NORTH AMERICAN ADMINISTRATION
A74	THE GUARDIAN
A75	BENEFITS PLANNERS
A76	SOUTHERN HEALTH SERVICES
A77	BENESIGHT
A78	INTERMOUNTAIN HEALTH CARE
A79	BENEFIT MANAGEMENT CORP.
A80	THE J. P. FARLEY CORP.

A81	UNITED PAYORS AND PROVIDERS
A82	AMERICAN GEN.LIFE&ACCID.INS.CO
A83	IVOE LOCAL 115 WELFARE FUND
A84	KELLER HEALTH PLAN
A85	WELLPOINT PHARMACY
A86	AMERICAN BENEFITS MANAGEMENT
A87	ADMINISTRATIVE SERVICES
A88	SCHOOL PLANS DIVISION
A89	CONSECO DIRECT LIFE
A90	CIGNA
A91	EXECUTIVE PHARMACY ADMIN.
A92	FEDERATED BENEFITS
A93	LUCENT TECHNOLOGY
A94	NECA IBEW LOCAL 176
A95	INNOVATIVE HEALTH SERVICES
A96	METLIFE DENTAL
A97	ANTHEM BLUE CROSS/BLUE SHIELD
A98	STAR ADMINISTRATOR SERVICES
A99	AMERICAN BENEFITS MANAGEMENT
B01	PRINCIPAL LIFE INSURANCE CO.
B02	UNITED INSURANCE COMPANY
B03	MCKINLEY HEALTH PLAN
B04	APWU HEALTH PLAN
B05	UNITED INS. CO. OF AMERICA
B06	PA EMPLOYEE BENEFIT TRUST FUND
B07	NATIONAL MED. HLTH.CARD SYSTEM
B08	AMALGAMATED INSURANCE FUND
B09	MACHIGONNE BENEFIT ADMIN.
B10	PEOPLES BENEFIT SERVICES INC.
B11	OXFORD HEALTH PLAN
B12	CORESOURCE
B13	AMERICORPS PROGRAM
B14	INSURANCE MANAGEMNT ADMIN(IMA)
B15	ADVANCE PCS
B16	CLAIMSPRO
B17	HEALTH PLAN OF NEVADA INC.
B18	CHESAPEAKE HEALTH
B19	AETNA US HEALTHCARE
B20	PANAMA CANAL AREA HLTH BENEFIT
B21	PROCARE RX
B22	BENEFITS SYSTEMS
B23	NESTLE
B24	EMPLOYEE BENE. ADMIN. COLONIAL
B25	KEY BENEFIT ADMINISTRATORS
B26	AVMED
B27	HEALTH CARE SAVINGS PPO
B28	BENEFIT COORDINATORS INC.
B29	AMERICAN PIONEER LIFE INSURANC
B30	UK HMO MEDICAL BENEFITS PLAN
B31	COMMONWEALTH ADMINISTRATORS
B32	ALLIANCE PPO
B33	DENTAL BENEFIT PROVIDERS INC.
B34	CAREFIRST ADMINISTRATORS
B35	PREMERA BLUE CROSS
B36	AULT-CARE
B37	ADVANCED PCS (MEDICAID ONLY)
B38	THE PYRAMID LIFE INSURANCE CO.

B39	AFLAC
B40	UNITED PROVIDER SERVICES
B41	COMMUNITY HEALTH BY OPTIMA
B42	DELTA DENTAL PLAN OF WISCONSIN
B43	WEST POINT STEVENS
B44	AMERI BEN SOLUTIONS
B45	AETNA US HEALTHCARE - HMO
B46	GREAT WEST LIFE & ANNUITY INS.
B47	UNITED AMERICAN INSURANCE
B48	MANAGED MED
B49	CAREFIRST - GHMSI
B50	OXFORD LIFE INSURANCE COMPANY
B51	UNITED CONCORDIA
B52	HCH ADMINISTRATION
B53	ONE HEALTH PLAN
B54	AETNA US HEALTHCARE
B55	HIGHMARK SERVICE COMPANY
B56	THE CAPELLA GROUP
B57	CONNECTICUT GEN/UNITED METHODIST
B58	UNITED TEACHER ASSOC./MEDICARE
B59	STANDARD LIFE & ACCID. INS. CO
B60	CIGNA
B61	GENERAL PRESCRIPTION PROGRAM
B62	WESTMORELAND COAL COMPANY
B63	SOUTHERN HEALTH SERVICES INC.
B64	PROVIDENCE HC RISK MANAGER
B65	CIGNA HEALTHCARE
B66	BLUE CROSS BLUE SHIELD KEYCARE
B67	BLUE CROSS BLUE SHIELD FEDERAL
B68	AARP-HEALTHCARE OPTIONS
B69	GEICO GENERAL INSURANCE CO.
B70	MINNESOTA COMM. HEALTH (MCHA)
B72	HILLCO LTD
B73	CIGNA HEALTHCARE
B74	BLUE CROSS/BLUE SHIELD OF OK
B75	VALLEY COMMUNITY HC NETWORK
B76	RBMS LCC/RISK & BENEFIT MGMT
B77	HEALTH NET OF PENN. INC.
B78	ANTHEM PRESCRIPTION MANAGEMENT
B79	DEFINITY HEALTHCARE
B80	BC/BS OF OREGON (REGENCE)
B81	BC/BS OF NORTH CAROLINA
B82	UNICARE - TEXAS
B83	CENTRAL UNITED LIFE
B84	VETARI SYSTEMS
B85	OPERATING ENGINEERS LOCAL 147
B86	U.S. HEALTH & LIFE INSURANCE
B87	BRISTOL COMPRESSORS
B88	WALGREENS HEALTH CARE PLUS
B89	PROVIDENCE HC RISK MANAGEMENT
B90	HEALTH SMART PREFERRED CARE
B91	BOON-CHAPMAN
B92	COMPREHENSIVE BENEFITS ADMIN.
B93	MEDIVERSAL
B94	USI ADMINISTRATORS
B95	TPSC
B96	ASSURE CARE OF ILLINOIS

B97	OREGON LABORERS HEALTH&WELFARE
B98	UNITED BENEFITS
B99	ADMINISTRATIVE ENTERPRISE INC
C01	UVA HEALTH PLAN
C02	NHC HEALTH BENEFIT PLAN
C03	SWIFT TRANSPORTATION
C04	CIGNA - MICHIGAN
C05	UNITED HEALTHCARE/GEN. MOTORS
C06	UNICARE HEALTHCARE OF VIRGINIA
C07	CLAREDON NATIONAL GM/SOUTHWST
C08	CEMARA ADMINISTRATORS INC.
C09	PROVIDENCE HEALTH PLAN
C10	PREFERRED ONE ADMIN. SERVICES
C11	P-5 HEALTH SERVICES
C12	HEALTHCOMP
C13	USI ADMINISTRATORS
C14	LBA HEALTH PLAN
C15	EMPIRE BLUE CROSS/BLUE SHIELD
C16	INTEQ/FOUNDATION ONE
C17	STAR HUMAN RESOURCE GROUP
C18	EMPLOYEE BENEFIT MNGT. SERVICE
C19	PACIFIC LIFE & ANNUITY
C20	CONNECTICARE INC.
C21	THE ANTIOCH COMPANY
C22	HELLER ASSOCIATES
C23	MEDICA
C24	T. R. PAUL INC.
C25	WASHINGTON EMPLOYER'S TRUST
C26	CARDINAL HOME INC. BENEFITS
C27	ARLINGTON BENEFIT SERVICES
C28	FIDELITY INSURANCE
C29	LONG CLAIMS SERVICES
C30	S & S HEALTHCARE STRATEGIES
C31	FAMILY HERTIAGE LIFE INS. CO.
C32	UNITED MEDICAL RESOURCE INC.
C33	JSL ADMINISTRATORS INC.
C34	INSURANCE SERVICE OF LUBBOCK
C35	ALTERNATIVE INSURANCE RESOURCE
C36	FOUNDATION ONE
C37	CHESAPEAKE HEALTH/AON SELECT
C38	WELLPATH
C39	HOLDEN & COMPANY
C40	NAT. VISION ADM. OF WISCONSIN
C41	RWDSU BENEFITS
C42	EQUITABLE PLAN SERVICES
C43	LONDON HEALTH ADMINISTRATORS
C44	BLUE CROSS BLUE SHIELD OF NE
C45	TEAMSTERS LOCAL639-EMPL.HEALTH
C46	PROFESSIONAL BENEFITS SERVICES
C47	NC STATE COMPREHENSIVE MAJOR
C48	SOUTHERN BEN. ADM. CAROLINA-VA
C49	BRIDGESTONE/FIRESTONE
C50	A.B.T LIFECARE CTRS.OF AMERICA
C51	HEALTH NEW ENGLAND
C52	SUPERIOR VISION SERVICES
C53	ASR GROUP
C54	BEECH STREET

C55	MAMSI
C56	AMERICAN HOME PATIENT
C57	LOCAL 1205 UNION
C58	ABA INC.
C59	INTER. UNION OF OPERATING ENG.
C60	ANTHEM BC/BS OF IDAHO
C62	LABORERS TRUST FUND
C63	JLT SERVICES
C64	PROTECTIVE CONSUMER DIRECT
C65	LUMENOS
C66	EQUITABLE LIFE AND CASUALTY
C67	ASSOCIATED PLAN ADMINISTRATORS

TYPE OF COVERAGE CODES

<u>Code</u>	<u>Type of Coverage</u>
A	Hospital Covers room and board, radiographs, lab tests, and other charges while the policyholder is a hospital inpatient.
B	Medical/Surgical Covers lab, radiograph, and surgery performed by a doctor or a clinic.
C	Hospital and Surgical Combination of A and B.
D	Hospital, Surgical, and Major Medical Combination of A and B plus major medical. Major medical covers such items as office visits, prescription drugs, and medical supplies and usually requires a specified deductible.
E	Medical/Surgical and Major Medical Combination of B with major medical.
G	MCO (Managed Care Organization) Prepaid health plan for services at a specified clinic
H	Medicare Part B SMI - Supplemental Medical Insurance, covers physician services, outpatient services, Home Health Care, some medical supplies (Most beneficiaries with Part A coverage will be entitled to Part B, since Medicaid will buy-in Part B premiums. Beneficiaries with a Medicare claim number ending in "M" will be eligible for Part B only.)
J	Medicare Part A HI - Hospital Insurance covers inpatient hospital services and a limited number of skilled care days.
K	Medicare Extended A commercial policy that supplements Medicare. Covers a percentage of Medicare coinsurance and deductible.
L	Medicare Extended Plus Major Medical K plus Major Medical - Additional coverage includes prescription drugs and some items not covered by Medicare and usually requires a deductible for services covered by major medical.

<u>Code</u>	<u>Type of Coverage</u>
M	CHAMPUS Civilian Health and Medical Program for Uniformed Services. Covers dependents of individuals on active duty or retired from the military.
N	FEP (Federal Employee Program) Covers current and retired federal employees. Includes hospital, surgical, and major medical coverage.
P	Income Protection (Indemnity Policy) Pays a predetermined amount to the beneficiary while confined to a hospital.
Q	Cancer Insurance Covers certain medical expenses only if the beneficiary is treated for cancer.
R	Prescription Policy Pays for prescription drugs. Usually a small deductible is required for each prescription.
S	School and Accident Policies Covers certain medical expenses only if the beneficiary is injured at school or receives an accidental injury.
T	Dental Insurance Covers specified dental care.
U	Court-Ordered Medical Care by Absent Parent
V	Vision Care Covers specified vision care. This coverage usually includes eye exams, glasses, and contact lenses.
W	Workers' Compensation Covers medical care for on-the-job injury. This care must be performed by a specified provider or clinic.
Y	Medicare MCO – Part A
Z	Medicare MCO – Part B